

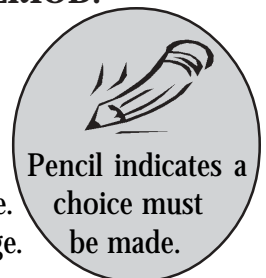
State of Montana



2007 New Employee Insurance Benefits

**THE INITIAL ENROLLMENT PERIOD IS THE FIRST 31 DAYS OF EMPLOYMENT.
DECISIONS BELOW MUST BE MADE DURING THIS TIME PERIOD.**

- ✓ Choose a Medical Plan.
- ✓ Decide if you want dependents on your medical/dental plans.
- ✓ Decide if you want to purchase Vision coverage.
- ✓ Decide if you want to purchase additional Term Life coverage.
- ✓ Decide if you want to purchase Long Term Disability coverage.
- ✓ Decide if you want to enroll in Flexible Spending account(s).
- ✓ Decide if you want to purchase Accident Death & Dismemberment coverage.
- ✓ Decide if you want to purchase Long Term Care coverage.



After the initial 31 day enrollment period, there are certain restrictions that apply when:

- Adding or dropping dependents
- Purchasing optional benefits

Department of Administration • Health Care and Benefits Division

PO Box 200127 • Helena MT • 59620-0127

1-800-287-8266 or 444-7462 in Helena

www.benefits.mt.gov

Welcome, New State Employee!

The State of Montana is pleased to offer you a comprehensive package of insurance benefits from which to choose. These benefits are a large part of your compensation, and **some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** You can choose to have your coverage effective on your date of hire or the first day of the pay period following receipt of the form in the Benefits Division. You can expect to receive medical and dental identification cards within **six weeks of returning your forms.** The State of Montana is a self-funded insurance group, which means the insurance is not purchased, but rather, the State and employee out-of-pocket insurance contributions are pooled and used to pay claims. Each member shares the responsibility of being a wise healthcare consumer, thereby containing costs and premium amounts as much as possible. There are a variety of ways you can reduce costs such as utilization of the wellness and employee assistance programs that are available to you. These programs are outlined in detail within this booklet.

Enrollment

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$557 per month employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the “**Core Benefits**”:

- One of the medical plans outlined in this book (includes prescription coverage)
- The Dental Plan
- Basic Life Insurance (\$14,000)

There are **add on benefits** you may choose in addition to the above core benefits.

Medical and/or Dental Coverage for dependents
Vision Coverage
Additional Life Insurance for you and/or your dependents
Long Term Disability (LTD) Coverage
Accidental Death & Disability (AD&D) Coverage
Flexible Spending Accounts for Medical and/or Dependent Care
Long Term Care Insurance

HOW TO ENROLL

Complete the forms listed below. (These forms are included within this packet)

1. For Medical, Dental, Vision insurance, and the Pre-tax Plan complete the **State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
2. For Life Insurance, AD&D, and LTD complete the **Standard Life Insurance Co. Enrollment/Change Form.**
3. For the Flexible Spending Accounts (FSA) complete the **Flexible Spending Account Enrollment/Change Form.**
4. To enroll in Long Term Care Insurance, complete the **Long Term Care Enrollment Form**

Waiving Coverage

If you choose to waive coverage and do not wish to participate in the group health insurance offered, please check the **WAIVER of Coverage** box located on the upper right hand corner of the **Employee Group Benefits Plan Enrollment/Change Form.**

Table of Contents

.....

BENEFIT ELECTION INSTRUCTIONS 2

GLOSSARY 4

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS 5

MEDICAL PLAN SUMMARY 6

MEDICAL PLANS DESCRIBED 12

WORKING FAMILIES TAX RELIEF ACT 13

PRESCRIPTION DRUG PLAN 14

DENTAL PLAN 15

VISION PLAN 16

LIFE INSURANCE PLAN 17

LONG TERM DISABILITY 18

EMPLOYEE ASSISTANCE PROGRAM 19

WELLNESS PROGRAMS 20

PRE-TAX PLAN 21

FLEXIBLE SPENDING ACCOUNTS 22

LONG-TERM CARE INSURANCE PLAN 25

PHARMACARE NETWORK PHARMACIES 28

MANAGED CARE AREAS 31

PARTICIPATING HOSPITALS 34

RESOURCES BACK COVER

GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Joint Core

An option available when both spouses are eligible state employees and cover eligible dependents. Spouses and children have only one family deductible, one family out-of-pocket maximum, and may experience a slightly lower premium than enrolling separately.

Managed care medical plans

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Primary Care Provider

A provider that coordinates a member's medical care and provides referrals/recommendations for specialty care.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2007

EMPLOYEES \$ 557.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on page 6)

CHOOSE ONE

Traditional:	\$ _____	(b)
Blue Choice:	\$ _____	(b)
New West:	\$ _____	(b)
Peak Health:	\$ _____	(b)

DENTAL PLAN (See rates on page 15) \$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 17) \$ 1.76 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ _____ (e)

OPTIONAL BENEFITS

FLEXIBLE SPENDING ACCOUNTS (Page 22) Medical FSA \$ _____ (g)
Dependent Care FSA \$ _____ (h)
Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ _____ (i)

VISION PLAN (See Rates on Page 16) \$ _____ (j)

LIFE INSURANCE (See rates on page 17) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (k)
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (l)
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (m)
Accidental Death & Dismemberment (\$.02 or \$.03 (with dependents) x every \$1,000 of coverage) \$ _____ (n)

LONG TERM DISABILITY (See Rates on Page 18) \$ _____ (o)

LONG TERM CARE (See Rates on Pages 26 & 27) \$ _____ (p)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n, o and p = \$ _____ (q)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2007 BENEFITS

CORE BENEFITS	Enter amount from line e	\$ _____ (r)
OPTIONAL BENEFITS	Enter amount from line q	\$ _____ (s)
TOTAL BENEFITS	Add lines r and s	\$ _____ (t)
STATE CONTRIBUTION	Amount from line a	\$ <u>557.00</u> (u)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2007 BENEFITS	Subtract line u from t	\$ _____

ANNUAL BENEFIT PLAN SUMMARY

.....

MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinfontmt.com

MEDICAL RATES

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$526	\$508	\$438	\$418
Employee & spouse	\$698	\$668	\$586	\$564
Employee & children	\$652	\$626	\$550	\$528
Employee & family	\$726	\$696	\$610	\$586
Joint Core	\$580	\$548	\$476	\$454

MEDICAL PLAN COSTS

Annual Deductible*
(Applies to all services, unless otherwise noted or a co-payment is indicated)

Coinsurance Percentages (% of allowed charges that the member pays)
General
Preferred Facility Services *(See page 34 & 35 for a list of preferred facilities)*
Nonpreferred Facility Services *(See page 34 & 35 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums*
(Maximum coinsurance paid in the year; excludes deductibles and copayments)

MEDICAL PLAN SERVICES

Hospital Services
(Inpatient services must be certified. Pre-certification is strongly recommended.)

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

BENEFIT YEAR 2007

MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable per person, per lifetime on the Plan. The amounts shown below are the amounts that the plan would pay per individual.

Traditional Plan: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

TRADITIONAL PLAN		MANAGED CARE BENEFIT PLANS BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan	
Administered by BCBS		In-Network Benefits	Out-of-Network Benefits
\$550/Member \$1,650/Family		\$400/Member \$800/Family	Separate \$500/Member Separate \$1,000/Family
25% 20% 35%		25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges) Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)		\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).			
Coinsurance:		Coinsurance/Copayment:	Coinsurance:
20% - 35%		25%	35%
20% - 25%		25%	35%
20% - 25%		25%	35%
20% - 35%		25%	35%
20% - 35%		25%	35%

ANNUAL BENEFIT PLAN SUMMARY

.....

MEDICAL PLAN COSTS

Physician Services

Office Visits

Inpatient Physician Services

Lab/Ancillary/Miscellaneous Charges

Allergy Shots

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room

Hospital Charges

Professional Charges

Urgent Care Services

Facility/Professional Charges

Lab & Diagnostic Charges

Maternity Services

Hospital Charges

Physician Charges

Prenatal Office Visits

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (Pneumonia and Flu)

Child Checkups and Immunizations

Mental Health Services

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)
Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (no deductible (only includes basic preventive labs))	35%
25%	25%	35%
25%	25%	35%
25% (no deductible)	\$15/visit	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for routine office visits	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and other limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35% (plan pays \$75.00 toward mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35% 21 days (No max for severe conditions)
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35% Max: 30 visits (No max for severe conditions)
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35% Max: 30 visits (No max for severe conditions)

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

Chemical Dependency

Inpatient Services*

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services*

With EAP counselor referral

With NO EAP counselor referral

*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services

Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services *(Physician ordered/prior authorization recommended)*

Home Health Care

Hospice

Skilled Nursing

Miscellaneous Services

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Appliances, and Orthotics

(Prior authorization required for amounts over \$1,000)

PKU Supplies

Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

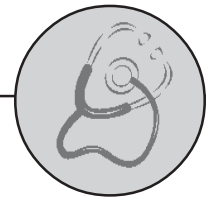
Transplant Services

Lifetime Maximums:

BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35%	25%	35%
^{25%} Max: 40 visits and Dollar Limit*	^{\$15/visit} Max: Dollar Limit*	^{35%} Max: Dollar Limit*
^{50%} Max: 20 visits and Dollar Limit*	^{\$15/visit} Max: Dollar Limit*	^{35%} Max: Dollar Limit*
20% - 35% Max: 60 days	^{25%} Max: 60 days	^{35%} Max: 60 days
^{20% - 35%} Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	^{\$15/visit} Max: 30 visits	^{35%} Max: 30 visits
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination	^{\$15/visit} Max: 20 visits	^{35%} Max: 20 visits
^{25%} Max: 70 days	^{\$15/visit} Max: 30 visits	^{35%} Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	^{25%} Max: 6 months	^{35%} Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	^{25%} Max: 30 days	^{35%} Max: 30 days
^{20% - 35%} Max: \$250	^{\$15/visit}	^{35%}
^{25%} Max: \$100 for foot orthotics (per foot)	^{25%} (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	^{35%} Max: \$100 for foot orthotics (per foot)
25%	Plan pays for 100% for services	35%
25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum 	25% \$500,000 lifetime maximum \$5,000 of the maximum available for travel to and from the facility.	Not covered

MEDICAL INSURANCE PLANS - 2007



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinonetmt.com

WHO IS ELIGIBLE?

Employees, spouses, domestic partners, and children are eligible for the Medical Insurance Plan.

Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an



employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinonetmt.com

INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review and compare each plan's costs and services in the Benefits Summary, starting on page 6.
3. Review your typical health care needs.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 31 through 33.
5. Determine which plan will work best for your family. Make your selection by completing the Enrollment/Change form.

Employee Group Benefits Enrollment/Change Form



GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

TRADITIONAL PLAN

The Traditional Indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The

Plan then pays the remaining allowable charges, which the provider accepts as full payment. **Please verify a provider is currently participating by calling BCBS or checking their website.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 34 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan

includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

In-Network Benefits

Anytime a network provider is used whether the provider is a general practitioner, internist, or specialist, the in-network (highest level of benefit) is applied.

Check the plan's website for a complete listing of all in-network providers. A referral/authorization is not required for in-network specialists. Referrals/authorizations are required to see an out-of-network specialist to receive the in-network level of benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 31-33 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Billings, Great Falls, and Havre.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Billings, Great Falls, Havre, Libby, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and the surrounding communities.

IMPORTANT!
BCBS providers for the Traditional plan are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

WORKING FAMILIES TAX RELIEF ACT (WFTRA)

WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done at the time of enrollment included on the *Group Enrollment/Change* form.

WHO IS AFFECTED

All employees who cover dependents on medical, dental, or vision coverage.

REQUIRED DOCUMENTATION

New employees who decide to elect coverage for dependents must complete the section of the *Group Enrollment / Change* form indicating whether each

depending (spouse, domestic partner, children) is or is not qualified for tax purposes. **This form must be completed and returned to the Health Care and Benefits Division along with your other election forms within 31 days of hire** for the appropriate tax application of benefits.

COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner) outlining the IRS rules applicable to each of your dependents are also provided for you with this packet.

TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your premiums are eligible for a pre-tax deduction.

If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income.

If the form is not returned, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.

PRESCRIPTION DRUG PLAN - 2007



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible
\$100/Member
\$300/Family

Mail-Order Deductible
\$0/Member
\$0/Family

Out-of-Pocket Maximums
Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail-Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

GENERAL INFORMATION

INSTRUCTIONS

No separate enrollment is required.

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all State employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the PharmaCare website at www.pharmacare.com.

Formulary drug listings can also be found at the PharmaCare website.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail-order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at the Health Care and Benefits Division or at the PharmaCare website.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

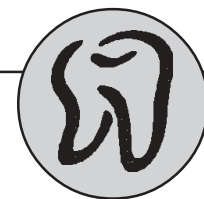
PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

Note:

The deductible does not apply to prescriptions received from one of the mail order pharmacies!

DENTAL PLAN - 2007



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible
\$50/Member
\$150/Family

Monthly Premiums	
Employee only	\$27.80
Employee and spouse	\$33.80
Employee and children	\$40.80
Employee and family	\$45.80
Joint Core	\$33.80

Enrollment/Change Form



Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> • One full-mouth X-ray or series in any 36-month period. • One set of supplementary bitewing X-rays in any 180-day period. • Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.) • No deductible or yearly dollar maximum apply.
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> • Subject to \$50 combined (with type C) deductible • Subject to \$1,200 combined (with type C) yearly maximum
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> • Subject to \$50 combined (with type B) deductible • Subject to \$1,200 combined (with type B) yearly maximum • Replacement crowns and dentures are limited to once every five years. • Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

**Of allowable charges.

GENERAL INFORMATION

INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing the Enrollment/Change Form.

WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive the benefit package. Members also choose which dependents (spouses, domestic partners, children) to cover within 31 days of date of hire or within 63 days of a qualifying event such as marriage, birth, or adoption.

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible or yearly maximum):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and two sets of supplementary bitewing X-rays per benefit year.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*
3. Unscheduled minor emergency treatment to relieve pain.

TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

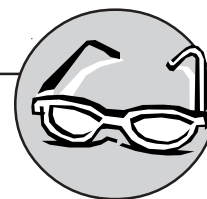
TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum.
6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

VISION PLAN - 2007

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
1-866-723-0513
www.enrollwiththeyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)



Enrollment/Change Form



Member only	Monthly Premiums
Member and spouse	\$ 7.64
Member and children	\$14.42
Member and family	\$15.18
	\$22.26

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount > \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, spouses, domestic partners and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums found above and complete the appropriate sections of the Enrollment/Change Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwiththeyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit www.emvc.com to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center.

2) Make an appointment with an out-of-network provider you trust as your choice vision care provider.

3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

LIFE INSURANCE PLAN - 2007

Administered by Standard Insurance Company
For information, call the Health Care and Benefits Division
1-800-287-8266 or 444-7462

Life Insurance
Enrollment/Change
Form



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.76
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates
Based on employee's age
the last day of month

<30 ...	\$0.03
<35 ...	\$0.05
<40 ...	\$0.08
<45 ...	\$0.10
<50 ...	\$0.15
<55 ...	\$0.23
<60 ...	\$0.43
<65 ...	\$0.66
65+ ...	\$0.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all eligible employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) are available for employee, spouse, domestic partner, and dependents.

or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse or domestic partner to be

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65



LONG TERM DISABILITY INSURANCE - 2007

Administered by Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462
www.benefits.mt.gov

Life Insurance
Enrollment/Change
Form



Monthly Premiums

\$22.52 per member - Guaranteed enrollment if elected during your first 31 days of employment!

GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in the medical plan.

INSTRUCTIONS

1. Read about the plans on this page along with the LTD brochure (in this packet).
2. Evaluate your need for long term disability insurance.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

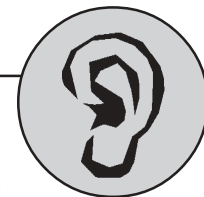
- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivor's benefit equal to three times your unreduced LTD benefit may be payable.

- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

IMPORTANT!

Employees who choose to enroll during the first 31 days of employment in 2007 are not subject to evidence of insurability and are guaranteed enrollment.

EMPLOYEE ASSISTANCE PROGRAM - 2007



Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 • www.ReliantBH.com

Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal Consultations	• Free	• 1/2 hour consultation
Financial Consultations	• Free	• unlimited
Long-term Services		
Counseling	• 25% with RBH referral	• 40 outpatient visits
Psychiatric Services	• 25% with RBH referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with RBH referral	• 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all State employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

INSTRUCTIONS

No separate enrollment is required.

THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to four counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan adminis-

trator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH, at no direct cost to you, the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.



LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To log in to Personal Advantage

1. Go to www.ReliantBH.com
2. Click on the Register button
3. Follow the Registration instructions.

24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

MATERNITY SERVICES

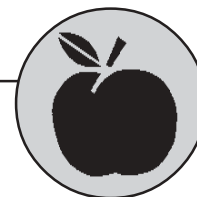
Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

You can complete a brief assessment with a nurse to determine your pregnancy needs, and you'll receive a useful gift for your participation.

If you're pregnant, you can access maternity services by simply calling the EAP number 1-866-750-0512.

WELLNESS PROGRAMS - 2007

Sponsored by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov/wellness.asp



2007 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none">• Confidential screenings for glucose, cholesterol, HDL, LDL, triglycerides• Blood pressure and body mass index• Optional health screening tests and flu shots when available• Information on risk reduction through life-style modifications
Spring Fitness	Fee varies	<ul style="list-style-type: none">• Team program designed to get people <i>active</i>
Why Weight	Free	<ul style="list-style-type: none">• Helps qualified members get assistance from a health coach to reach weight loss goals.
Weight Watchers		<ul style="list-style-type: none">• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none">• This educational series offers healthy-living talks by local experts
Well on the Way	Free	<ul style="list-style-type: none">• Assists qualified members to obtain health care services

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.

SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy lifestyles. Watch for details about this fun program in the Spring of 2007.

HUNTER FITNESS

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable

and safe hunting trip. A grand prize is awarded at the end of the program.

WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially if the following four criteria are met:

#1 Weight - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart).

#2 Attendance - You must attend at least 75% of the classes offered.

#3 Achievement - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor.

#4 Exercise - You must participate in some form of exercise three times per week and keep a journal of your exercise activities.

For more information on program qualifications and reimbursement instructions, call the Wellness Program.

LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs. If you are located outside Helena and would like to request a Lunch 'n' Learn in your area, contact the Wellness Program. Watch for the Helena Women's Health Fair in May and the Helena Men's Health Fair in June.

TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same. Call the wellness program for more information and a reminder magnet.

WELL ON THE WAY

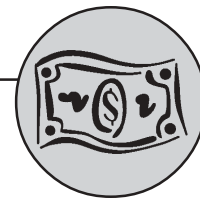
By completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Wellness Program for more information.

WHY WEIGHT

If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. Call RBH at 1-866-750-0512 for more information.

PRE-TAX PLAN - 2007

Administered by the State of Montana Health Care and Benefits Division
1-800-287-8266 or 444-7462 in Helena • www.benefits.mt.gov



Enrollment/Change Form



Benefit of Participation
Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, and long term disability.

**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.*

GENERAL INFORMATION

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

INSTRUCTIONS

1. Read about the Pre-tax Plan in the General Information section on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. If you would like to participate, complete the Pre-tax Plan portion of the Group Plan Enrollment/Change Form.

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, and long term disability may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

Consult your tax advisor to determine the specific effect the pre-tax plan will have on your taxes.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility due to employment will become ineligible on the last day of the pay period in which the event occurs.

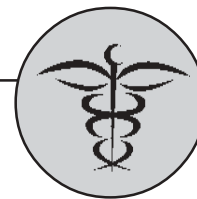
WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the HCBd of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

INELIGIBLE BENEFITS

FLEXIBLE SPENDING ACCOUNTS - 2007

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com



WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/

dependent child, or;

• a change in employment status which warrants the change.

The change must be "on account of" and "consistent with" the change in family status. For example, new dependents warrant increasing a medical FSA,

not decreasing it. The change must be made within 63 days of the qualifying event.

INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.

2. Assess whether a medical or dependent care FSA would benefit you by reviewing the criteria on page 23.

3. Use the "Electing a Medical FSA Amount" work sheet on page 24 to calculate your household's predictable out-of-pocket medical, dental, and vision expenses for 2007.

4. Use the "How Much Money Should Go Into My Dependent Care FSA?" work sheet on page 24 to calculate your household's predictable day care expenses for children and/or dependent parents.

5. If needed, consult your tax preparer about your specific tax situation.

6. Make your selection by completing the Flexible Spending Accounts Enrollment/Change and Salary Reduction Agreement Form.

IMPORTANT!
You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is **not** automatic!

2007 Flexible Spending Account Enrollment/Change and Salary Reduction Form



GENERAL INFORMATION

HOW FSAS WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 12 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

WHAT'S THE CATCH?
Set aside only as much as you think you will need – IRS regulations require any unused contributions to be forfeited.

After you have incurred a qualifying expense, you will file a claim with ASI, who will then reimburse you for the claimed amount. ASI processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided or the products are ordered. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the "use it or lose it" provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. Explanation Of Benefits or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site.

TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles



CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

www.asiflex.com

be provided by anyone considered your dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support.

Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503.

Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

MEDICAL FSA WORKSHEETS

ELECTING A MEDICAL FSA AMOUNT

This worksheet will help you decide an appropriate annual election for a Medical FSA. Estimate your total annual health care expenses for the 2007 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Insured Expenses	2006	Estimated 2007
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

Out-of-Pocket Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams/Hearing aids	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total projected out-of-pocket expenses for 2007 \$ _____

**Total out-of-pocket expenses you are sure of
and want to pay through a Medical FSA** \$ _____

HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this worksheet to determine an appropriate Dependent Care FSA election.

Monthly Care Expenses	Estimated 2007
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
Total Monthly Expenses	\$ _____
	x 12

Total Annual Estimated Care Expenses=\$ _____

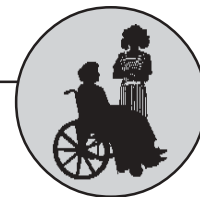
IMPORTANT!

Please be sure this amount
divides by 24 evenly
(the number of
deductions in the plan year).

LONG TERM CARE INSURANCE - 2007

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana

Unum LTC Enrollment
Form



Options	Choices
Care Type	
Plan 1	• Facility (<i>Nursing Home or Assisted Living</i>)
Plan 2	• Facility + Professional Home Care (<i>Provided by a licensed home health organization</i>)
Plan 3	• Facility + Professional Home Care + Total Home Care (<i>Care provided by anyone, including family members</i>)
Monthly Benefit	
Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount
Duration	
3 year	• 3 years Nursing Home
6 year	• 6 years Nursing Home
Unlimited	• Unlimited Nursing Home
	• or 5 years Assisted Living
	• or 10 years Assisted Living
	• or Unlimited Assisted Living
	• or 6 years Home Care
	• or 12 years Home Care
	• or Unlimited Home Care
Inflation Protection	
Yes	• 5% compounded annually
No	• No protection

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 26 and 27.
4. If you would like to sign-up for the plan, complete the UNUM enrollment form and mail to the address on the form within 31 days of hire date to guarantee policy without medical underwriting.

LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

GREAT NEWS!

Employees who mail enrollment form to UNUM within 31 days of hire are not subject to evidence of insurability and are guaranteed enrollment.



LONG-TERM CARE INSURANCE RATES

For rates
with Inflation
Protection,
see page 27

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age 18 - 30		1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.



PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited		
Age	18-30		6.00	7.80	10.00				8.20	10.90	14.60				11.50	15.40	21.50			
31	•		6.10	8.10	10.20	•			8.30	11.20	14.90	•			11.70	15.90	22.00			
32	•		6.20	8.20	10.60	•			8.50	11.40	15.40	•			12.00	16.20	22.50			
33	•		6.50	8.60	10.80	•			8.70	11.80	15.70	•			12.20	16.60	23.00			
34	•		6.60	8.70	11.00	•			9.00	12.00	16.00	•			12.50	17.00	23.40			
35	•		6.90	9.00	11.40	•			9.30	12.40	16.40	•			12.90	17.50	24.10			
36	•		7.00	9.20	11.70	•			9.50	12.70	16.90	•			13.20	17.90	24.60			
37	•		7.20	9.60	12.00	•			9.70	13.10	17.40	•			13.50	18.40	25.30			
38	•		7.50	9.90	12.40	•			10.10	13.50	17.80	•			14.00	19.00	26.00			
39	•		7.70	10.00	12.70	•			10.40	13.70	18.20	•			14.30	19.30	26.50			
40	•		7.90	10.40	13.00	•			10.60	14.10	18.70	•			14.60	19.80	27.30			
41	•		8.20	10.60	13.50	•			10.90	14.50	19.30	•			15.10	20.30	28.00			
42	•		8.40	10.90	13.70	•			11.20	14.90	19.60	•			15.40	20.80	28.60			
43	•		8.60	11.30	14.10	•			11.50	15.30	20.20	•			15.90	21.40	29.40			
44	•		9.00	11.70	14.60	•			11.90	15.90	20.80	•			16.40	22.10	30.30			
45	•		9.20	11.90	14.90	•			12.30	16.20	21.30	•			16.80	22.60	31.00			
46	•		9.60	12.50	15.50	•			12.60	16.80	22.00	•			17.30	23.40	32.10			
47	•		9.90	12.80	16.10	•			12.90	17.10	22.50	•			17.90	24.10	33.10			
48	•		10.20	13.20	16.60	•			13.20	17.50	23.10	•			18.40	24.90	34.20			
49	•		10.70	13.80	17.10	•			13.70	18.10	23.60	•			19.10	25.70	35.20			
50	•		11.00	14.20	17.80	•			14.00	18.50	24.30	•			19.60	26.50	36.50			
51	•		11.50	14.80	18.50	•			14.60	19.20	25.10	•			20.50	27.60	38.00			
52	•		12.10	15.50	19.30	•			15.10	19.90	25.90	•			21.30	28.70	39.40			
53	•		12.40	16.00	19.90	•			15.40	20.30	26.60	•			21.90	29.60	40.80			
54	•		12.90	16.70	20.80	•			15.90	21.10	27.40	•			22.60	30.70	42.20			
55	•		13.80	17.70	21.90	•			16.70	21.90	28.30	•			23.50	31.70	43.30			
56	•		14.50	18.60	23.00	•			17.40	22.80	29.40	•			24.50	33.10	45.20			
57	•		15.30	19.60	24.20	•			18.30	23.80	30.80	•			25.80	34.70	47.60			
58	•		16.20	20.80	25.60	•			19.10	25.00	32.10	•			26.90	36.40	49.90			
59	•		17.10	21.90	26.90	•			20.00	26.10	33.60	•			28.20	38.10	52.30			
60	•		18.30	23.10	28.40	•			21.10	27.30	35.00	•			29.60	40.00	54.80			
61	•		19.70	25.20	30.80	•			22.50	29.40	37.50	•			31.50	42.80	58.70			
62	•		21.40	27.10	33.00	•			24.20	31.30	39.70	•			33.50	45.50	62.30			
63	•		22.90	29.10	35.50	•			25.70	33.30	42.30	•			35.50	48.30	66.30			
64	•		25.00	31.60	38.40	•			27.80	35.90	45.20	•			38.00	51.70	70.80			
65	•		28.10	35.50	43.00	•			30.90	39.80	50.00	•			41.70	56.80	77.80			
66	•		30.40	38.30	46.40	•			33.10	42.70	53.70	•			44.20	60.30	82.80			
67	•		33.20	41.80	50.50	•			36.10	46.40	58.20	•			47.60	65.10	89.10			
68	•		35.90	45.20	54.60	•			38.90	50.00	62.70	•			50.80	69.40	95.10			
69	•		39.20	48.90	59.20	•			42.30	54.00	67.80	•			54.60	74.40	102.20			
70	•		42.30	52.90	64.00	•			45.50	58.20	73.10	•			58.20	79.60	109.30			
71	•		46.10	57.50	69.30	•			49.40	63.10	78.90	•			62.40	85.50	117.10			
72	•		50.20	62.70	75.50	•			53.70	68.50	85.60	•			67.20	92.10	125.90			
73	•		54.10	67.10	80.80	•			57.70	73.40	91.40	•			71.80	98.20	134.00			
74	•		59.00	73.00	87.60	•			62.60	79.60	98.80	•			77.20	105.60	143.70			
75	•		69.20	85.60	102.50	•			73.30	93.00	115.30	•			89.70	122.70	166.50			
76	•		75.30	93.00	111.50	•			79.50	100.80	125.00	•			96.40	132.10	179.20			
77	•		80.60	99.40	119.10	•			84.80	107.50	133.30	•			102.00	139.90	189.70			
78	•		87.40	107.70	128.80	•			91.80	116.10	143.70	•			109.50	150.10	203.20			
79	•		94.10	115.80	138.50	•			98.70	124.80	154.20	•			117.00	160.70	217.20			
80	•		102.20	125.60	149.80	•			106.90	135.00	166.50	•			125.80	172.70	233.10			
81	•		110.20	135.10	161.00	•			115.10	145.00	178.50	•			134.40	184.40	248.40			
82	•		120.80	147.70	175.60	•			125.80	158.20	194.40	•			146.00	200.30	269.00			
83	•		131.70	160.70	190.70	•			137.00	172.00	210.70	•			158.40	217.20	290.70			
84	•		141.70	172.70	204.20	•			147.30	184.60	225.30	•			169.40	232.60	309.90			

PHARMACARE NETWORK PHARMACIES

* Network Pharmacies are subject to change

CITY	PHARMACY
Anaconda	CVS Pharmacy Osco Drug Safeway Pharmacy Thrifty Drug Store
Baker	Baker Rexall Drug Company
Belgrade	Albertson's Pharmacy Lee & Dad's Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Cole Drug
Bigfork	Llewellyn Drug
Billings	Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - Grand Ave. Albertson's Pharmacy - North 27th Albertson's Pharmacy - Main St. Billings Clinic Pharmacy Billings Health & Rehabilitation Community Health Center Pharmacy Costco Pharmacy County Market Pharmacy CVS Pharmacy Deaconess Billings Clinic Aspen Deaconess Billings Clinic Atrium Deaconess Billings Clinic Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Pharmacy 1 Shopko Pharmacy Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy Target Pharmacy Valley Health Care Center Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Western Medical Westpark Pharmacy Woodrows Pharmacy
Box Elder	Rocky Boy Health Board
Bozeman	Albertson's Pharmacy Costco Pharmacy CVS Pharmacy Gibson Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Wal-Mart Pharmacy



CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Butte	CVS Pharmacy Driscoll Drug K Mart Pharmacy Osco Drug Safeway Pharmacy Wal-Mart Pharmacy
Chester	Liberty Drug
Chinook	Chinook Pharmacy
Choteau	Choteau Drug Inc
Columbia Falls	Columbia Falls CBOC Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug Snyder Drug Emporium
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's Pharmacy DrugMart Pharmacy
Deer Lodge	Keystone Drug Safeway Pharmacy
Dillon	Mitchells Drug Safeway Pharmacy
Ennis	Ennis Pharmacy
Eureka	Haines Drug

PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Fairfield	Barrett Drug Fairfield Drug		Safeway Pharmacy Shopko Pharmacy Snyder Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
Fairview	Mondak Pharmacy		
Florence	Florence Community Pharmacy Florence Pharmacy North	Jordan	Foster Jordan Drug Co
Forsyth	Yellowstone Pharmacy	Kalispell	Albertson's Pharmacy Costco Pharmacy Evergreen Pharmacy K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy Shopko Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Fort Benton	Benton Pharmacy		
Gardiner	Gardiner Drug		
Glasgow	Fifth Avenue Pharmacy Pamida Pharmacy Western Drug of Glasgow		
Glendive	Albertson's Pharmacy F&G Pharmacy Gabert Clinic Pharmacy Glendive Medical Center		
Great Falls	Albertson's Pharmacy - 10th Ave. Albertson's - 3rd St. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Kindred Pharmacy Services Osco Drug Pharmerica Plaza United Drugs Public United Drug Sam's Pharmacy Shopko Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Wal-Mart Pharmacy	Laurel	Gene's Pharmacy Prices Pharmacy Snyder Drug Store
Hamilton	Albertson's Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	Lewistown	Albertson's Pharmacy Central Montana Medical Center Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
Hardin	PharmaCare Pharmacy Stevenson's IGA	Libby	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
Havre	Albertson's/Osco Pharmacy K Mart Pharmacy Northern MT Pharmacy Western Drug Pharmacy	Livingston	Albertson's Pharmacy Pamida Pharmacy Western Drug of Livingston
Helena	Bergum Drug CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. K Mart Pharmacy Reynolds Drug	Lolo	Lolo Drug
		Malta	Valley Drug Company
		Miles City	Albertson's Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Miles City CBOC Wal-Mart Pharmacy
		Missoula	A & C Drug Albertson's Pharmacy - Oxford St. Albertson's Pharmacy - Reserve St. Albertson's Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy CVS Pharmacy East Gate Drug Garden City Pharmacy

PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	Hillside Manor Pharmacy JEO Inc. K Mart Pharmacy Osco Drug - Brooks St. Partnership Health Center Riverside Health Care Pharmacy Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St. Savmor Drug Shopko Pharmacy Village Health Care Center Wal-Mart Pharmacy - Mullan Rd. Wal-Mart Pharmacy - Hwy 93 Walgreens Drug Store		
Plains	Plains Drug	Whitefish	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy
Plentywood	Plentywood Drug	Whitehall	Whitehall Drug
Polson	Healthcare Plus Healthcare Plus LTC Safeway Pharmacy St. Joseph Hospital Pharmacy Wal-Mart Pharmacy		
Red Lodge	Beartooth Pharmacy United Drugs Red Lodge Drug Company		
Ronan	Family Health Pharmacy R & R Health Care Solutions		
Roundup	Jorgenson's Pharmacy		
Seeley Lake	Healthcare Plus		
Shelby	Pamida Pharmacy Wells Drugs		
Sidney	Clinic Pharmacy Pamida Pharmacy White Drug		
St. Ignatius	Mission Drug		
Stevensville	Ridgeway Pharmacy Stevensville Family Pharmacy Valley Drug & Variety		
Superior	Mineral Pharmacy		
Thompson Falls	Doug's Drug		
Three Forks	Three Forks Medical Arts Pharmacy		
Townsend	Townsend Drug		
Troy	Kootenai Drug		
Twin Bridges	MAC's CHC Pharmacy		
White Sulphur Spg	Castle Mountain Drug		

BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	• City	Zip Code	• City	Zip Code	• City	Zip Code
Absarokee	59001	• Dixon	59831	• Judith Gap	59453	• Proctor	59929
Acton	59002	• Drummond	59832	• Kalispell	59901	• Pryor	59066
Alberton	59820	• Dupuyer	59432	•	59902	• Ramsay	59748
Alder	59710	• Dutton	59433	•	59903	• Ravalli	59863
Anaconda	59711	• East Helena	59635	•	59904	• Raynesford	59469
Arlee	59821	• East Missoula	59801	• Kevin	59454	• Red Lodge	59068
Augusta	59410	• Edgar	59026	• Kila	59920	• Rexford	59930
Avon	59713	• Elliston	59728	• Kremlin	59532	• Ringling	59642
Ballantine	59006	• Elmo	59915	• Lake McDonald	59921	• Roberts	59070
Basin	59631	• Emigrant	59027	• Lakeside	59922	• Rollins	59931
Bearcreek	59007	• Ennis	59729	• Laurel	59044	• Ronan	59864
Belfry	59008	• Ethridge	59435	• Lavina	59046	• Roscoe	59071
Belgrade	59714	• Eureka	59917	• Ledger	59456	• Roundup	59072
Belt	59412	• Fairfield	59436	• Libby	59923	• Rudyard	59540
Big Arm	59910	• Fishtail	59028	• Lima	59739	• Ryegate	59074
Bigfork	59911	• Florence	59833	• Lincoln	59639	• Saltese	59867
Big Sky	59716	• Floweree	59440	• Livingston	59047	• Sand Coulee	59472
Billings	59101-59108	• Fort Benton	59442	• Lloyd	59535	• Sand Springs	59077
	59111-59117	• Fort Harrison	59636	• Lodge Grass	59050	• Santa Rita	59473
Black Eagle	59414	• Fort Shaw	59443	• Lolo	59847	• Seeley Lake	59868
Bonner	59823	• Fortine	59918	• Loma	59460	• Shawmut	59078
Boulder	59632	• Frenchtown	59834	• Lonepine	59848	• Shelby	59474
Box Elder	59521	• Fromberg	59029	• Lothair	59461	• Shepherd	59079
Boyd	59013	• Galata	59444	• Manhattan	59741	• Sheridan	59749
Bozeman	59715	• Gallatin Gateway	59730	• Marion	59925	• Silver Star	59751
	59717-59719	• Garneill	59445	• Martin City	59926	• Silver Bow	59750
	59771-59773	• Garrison	59731	• Martinsdale	59053	• Simms	59477
Brady	59416	• Garryowen	59031	• Marysville	59640	• Somers	59932
Bridger	59014	• Geraldine	59446	• McAllister	59740	• St. Ignatius	59865
Broadview	59015	• Geyser	59447	• Melrose	59743	• St. Regis	59866
Buffalo	59418	• Gildford	59525	• Melville	59055	• St. Xavier	59075
Butte	59701	• Glen	59732	• Milltown	59851	• Stevensville	59870
	59702	• Gold Creek	59733	• Missoula	59801	• Stockett	59480
	59703	• Grantsdale	59835	•	59802	• Styker	59933
	59707	• Great Falls	59401	•	59803	• Sula	59871
	59750	•	59402	•	59804	• Sun River	59483
Bynum	59419	•	59403	•	59806	• Sunburst	59482
Canyon Creek	59633	•	59404	•	59807	• Superior	59872
Cardwell	59721	•	59405	•	59808	• Swan Lake	59911
Carter	59420	•	59406	•	59812	• Thompson Falls	59873
Cascade	59421	• Greenough	59836	• Molt	59057	• Three Forks	59752
Charlo	59824	• Hamilton	59840	• Monarch	59463	• Trego	59934
Chester	59522	• Hardin	59034	• Montana City	59634	• Trout Creek	59874
Chinook	59523	• Harlowton	59036	• Musselshell	59059	• Twin Bridges	59754
Choteau	59422	• Harrison	59735	• Neihart	59465	• Two Dot	59085
Clancy	59634	• Haugen	59842	• Norris	59745	• Ulm	59485
Clinton	59825	• Havre	59501	• Noxon	59853	• Valier	59486
Clyde Park	59018	• Helena	59601-59602	• Oilmont	59466	• Vaughn	59487
Columbia Falls	59912	•	59604	• Olney	59927	• Victor	59875
Condon	59826	•	59620	• Ovando	59854	• Virginia City	59755
Conner	59827	•	59623-59626	• Pablo	59855	• Warm Springs	59756
Conrad	59425	• Helmville	59843	• Paradise	59856	• West Glacier	59936
Coram	59913	• Heron	59844	• Park City	59063	• White Splhr Sprgs	59645
Corvallis	59828	• Highwood	59450	• Pendroy	59467	• Whitefish	59937
Creston	59902	• Hingham	59528	• Philipsburg	59858	• Whitehall	59759
Crow Agency	59022	• Hot Springs	59845	• Pinesdale	59841	• Whitelash	59545
Custer	59024	• Hungry Horse	59919	• Plains	59859	• Wilsall	59086
Darby	59829	• Huntley	59037	• Polaris	59746	• Winston	59647
Dayton	59914	• Huson	59846	• Pole Bridge	59928	• Wisdom	59761
DeBorgia	59830	• Inverness	59530	• Polson	59860	• Wise River	59762
Deer Lodge	59722	• Jackson	59736	• Pompeys Pillar	59064	• Wolf Creek	59648
Dell	59724	• Jefferson City	59638	• Pony	59747	• Worden	59088
Dillon	59725	• Joliet	59041	• Power	59468	• Zurich	59547
Divide	59727	• Joplin	59531	• Pray	59065	•	

NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Condon	59826	Henderson	59872	Park City	59063
Acton	59002	Conner	59827	Heron	59844	Perma	59859
Alberton	59820	Coram	59913	Hingham	59528	Philipsburg	59858
Alder	59710	Corbin	59602	Hot Springs	59845	Pinecreek	59715
Allhambra	59602	Corvallis	59828	Hungry Horse	59919	Pinesdale	59841
Alpine	59071	Creston	59901	Huntley	59037	Plains	59859
Amsterdam	59741	Crow Agency	59022	Huson	59846	Polaris	59746
Anaconda	59711	Cushman	59046	Hysham	59038	Polebridge	59928
Angela	59312	Custer	59024	Jefferson City	59638	Polson	59860
Apgar	59936	Darby	59829	Joliet	59041	Pompeys Pillar	59064
Argenta	59725	Dayton	59914	Jordan	59337	Porter's Corner	59840
Arlee	59821	Deen	59068	Kalipsell	59901-59904	Potomac	59823
Armington	59412	Deer Lodge	59722	Kevin	59454	Power	59468
Ashuelot	59401	Dempsey	59722	Keystone	59872	Pray	59065
Austin	59602	Dillon	59725	Kila	59920	Princeton	59722
Avon	59713	Dixon	59831	Kinsey	59338	Proctor	59929
Ballantine	59006	Dodson	59524	Klein	59072	Pryor	59066
Bannack	59725	Drummond	59832	Kremlin	59532	Quartz	59872
Basin	59631	Dunkirk	59474	Lake McDonald	59921	Radersburg	59641
Bearcreek	59007	Dunmore	59034	Lakeside	59922	Ramond	59256
Beaverton	59538	East Helena	59635	Laredo	59501	Rapelje	59067
Beehive	59061	Eddy	59859	Laurel	59044	Ravalli	59863
Belfry	59008	Edgar	59026	Laurin	59725	Raynesford	59469
Belgrade	59714	Elliston	59728	Lavina	59046	Red Lodge	59068
Belt	59412	Elmo	59915	Ledger	59456	Reed Point	59069
Benteen	59034	Emigrant	59027	Libby	59923	Riceville	59401
Big Arm	59910	Ethridge	59435	Limestone	59011	Rivulet	59872
Big Sandy	59520	Evaro	59801	Livingston	59047	Roberts	59070
Big Sky	59716	Ferdig	59466	Lloyd	59535	Rockvale	59019
Big Timber	59011	Ferndale	59901	Lodge Grass	59050	Rocky Boy	59521
Bigfork	59911	Fishtail	59028	Logan	59715	Rollins	59931
Billings	59101-59108	Flatwillow	59072	Lolo	59847	Ronan	59864
	59111-59116	Florence	59833	Lohman	59501	Roscoe	59071
Black Eagle	59414	Forsyth	59327	Loma	59460	Rosebud	59347
Bonner	59823	Fort Harrison	59636	Lonepine	59848	Roundup	59072
Boulder	59632	Fort Shaw	59443	Loring	59537	Saco	59261
Box Elder	59521	Frenchtown	59834	Lozeau	59872	Saint Ignatius	59865
Boyd	59013	Fresno	59501	Luther	59068	Saint Regis	59866
Bozeman	59715-59719	Fromberg	59029	Malta	59538	Saint Xavier	59075
	59771-59773	Galen	59722	Manchester	59401	Saltese de Borgia	59872
Bridger	59014	Gallatin	59715	Manhattan	59741	Sand Coulee	59472
Broadview	59015	Gallatin Gateway	59730	Manicke	59923	Sanders	59076
Brusett	59318	Garrison	59731	Marion	59925	Sedan	59715
Burnham	59501	Garryowen	59031	Martin Ctiy	59926	Sheffield	59327
Canyon Creek	59633	Georgetown	59711	Marysville	59640	Shelby	59474
Canyon Ferry	59602	Gildford	59525	Maudlow	59644	Shepherd	59079
Cascade	59421	Glen	59732	Maxville	59722	Silesia	59041
Castner Falls	59401	Gold Creek	59733	McLeod	59052	Simms	59477
Centerville	59401	Grant	59725	Melville	59055	Snider	59873
Charlo	59824	Grantsdale	59835	Miles City	59301	Somers	59932
Chinook	59523	Great Falls	59401-59406	Milltown	59851	Southern Cross	59711
Churchill	59741	Greenough	59836	Missoula	59801-59808	Springdale	59082
Clancy	59634	Greycliff	59033		59812	Stevensville	59870
Cleveland	59501	Hall	59837	Moiese	59824	Stockett	59480
Clinton	59825	Hamilton	59840	Molt	59057	Stryker	59933
Clyde Park	59018	Happy's Inn	59923	Montana City	59634	Sula	59871
Coalbanks Landing	59520	Hardin	59034	Musselshell	59059	Sun River	59483
Coberg	59538	Hardy	59401	Niarada	59845	Sunburst	59482
Cohagen	59322	Hathaway	59333	Noxon	59853	Superior	59872
Colstrip	59323	Havre	59501	Nyack	59901	Swan Lake	59911
Columbia Falls	59912	Helena	59601-59602	Oilmont	59466	Tarkio	59872
Columbus	59019		59604	Opportunity	59711	Thompson Falls	59873
Comet	59602		59620	Pablo	59855	Three Forks	59752
				Paradise	59856	Thurlow	59327

NEW WEST AREAS

City	Zip Code
Toston	59643
Townsend	59644
Tracy	59472
Trident	59752
Troy	59935
Turah	59825
Twin Bridges	59754
Ulm	59485
Unionville	59602
Vanada	59327
Vaughn	59487
Victor	59875
Virgelle	59520
Wagner	59538
Warm Springs	59756
Warren	59068
Washoe	59007
West Glacier	59936
Whitefish	59937
Whitewater	59544
Wickes	59602
Wilsall	59068
Winston	59647
Wolf Creek	59648
Woods Bay	59901
Woodside	59840
Worden	59088
York	59602
Zurich	59547

PEAK HEALTH AREAS

[illegible]

PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred	20% Coinsurance	:	
Anaconda	Community Hospital of Anaconda	:	Lewistown Central Montana Medical Center
Baker	Fallon Medical Complex	:	Libby St. John's Lutheran Hospital
Big Sandy	Big Sandy Medical Center	:	Livingston Livingston Memorial Hospital
Big Timber	Pioneer Medical Center	:	Malta Phillips County Medical Center
Billings	Billings Cataract and Laser Surgicenter	:	Miles City Holy Rosary Healthcare
	Deaconess Billings Clinic	:	Missoula Big Sky Surgery Center
	Health South Surgery Center	:	
	LaGreca Eye Clinic	:	Community Medical Center
	St. Vincent's Healthcare Center	:	Missoula Bone & Joint Surgery Center
	Yellowstone Surgery Center	:	Providence Surgery Center
Bozeman	Bozeman Deaconess Hospital	:	St. Patrick's Hospital & Health Sciences
	Rocky Mountain Surgical Center	:	Philipsburg Granite County Medical Center
	Sameday Surgery Center	:	Plains Clark Fork Valley Hospital
Butte	St. James Healthcare	:	Plentywood Sheridan Memorial Hospital
	Summit Surgery Center	:	Polson St. Joseph Hospital
Chester	Liberty County Hospital	:	Poplar Poplar Community Hospital
Choteau	Teton Medical Center	:	Red Lodge Beartooth Hospital and Health Center
Circle	McCone County Health Center	:	Ronan St. Luke Community Hospital
Columbus	Stillwater Community Hospital	:	Roundup Roundup Memorial Hospital
Conrad	Pondera Medical Center	:	Scobey Daniels Memorial Hospital
Culbertson	Roosevelt Memorial Medical Center	:	Shelby Marias Medical Center
Cut Bank	Northern Rockies Medical Center	:	Sheridan Ruby Valley Hospital
Deer Lodge	Powell County Memorial Hospital	:	Sidney Sidney Health Center
Dillon	Barrett Hospital and Health Care	:	Superior Mineral County Hospital
Ennis	Madison Valley Hospital	:	Terry Prairie Community CAH
Forsyth	Rosebud Health Care Center	:	Townsend Broadwater Health Center
Fort Benton	Missouri River Medical Center	:	Whitefish North Valley Hospital
Glendive	Glendive Mdical Center	:	White Sulphur Mountainview Medical Center
Great Falls	Benefis Health Care	:	Springs
	Great Falls Clinic Surgery Center	:	Wolf Point Northeast Montana Health Services
	Pacific Cataract and Laser Institute	:	
Hamilton	Marcus Daly Memorial Hospital	:	Non-Preferred 35% Coinsurance
Hardin	Big Horn County Memorial Hospital	:	Ekalaka Dahl Memorial Healthcare
Harlowton	Wheatland Memorial Hospital	:	Glasgow Frances Mahon Deaconess Hospital
Havre	Northern Montana Hospital	:	Great Falls Central Montana Surgical Hospital
Helena	Helena Surgicenter	:	Helena Shodair Hospital
	St. Peter's Hospital	:	Jordan Garfield County Health Center
Kalispell	Heathcenter Northwest	:	
	Kalispell Regional Medical Center	:	All Other 25% Coinsurance
	Orthopedica Surgery Center	:	

PARTICIPATING HOSPITALS - MANAGED CARE PLANS

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	HealthCenter Northwest
	Kalispell Regional Medical Center
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

PEAK HEALTH

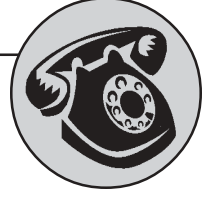
City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
	Shodair Hospital
Jordan	Garfield County Health Center
Kalispell	HealthCenter Northwest
	Kalispell Regional Medical Center
Libby	St. John's Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital



RESOURCES



MONTANA HEALTH CARE AND BENEFITS DIVISION
1-800-287-8266 or 444-7462 in Helena
www.benefits.mt.gov

General benefits information and contacts

.....
BLUE CROSS AND BLUE SHIELD OF MONTANA
1-800-423-0805 or 444-8315 in Helena
www.bluecrossmontana.com

NEW WEST HEALTH PLAN
1-800-290-3657 or 457-2200 in Helena
www.newwesthealth.com

.....
PEAK HEALTH PLAN
Customer Service/Benefits/Claims: 1-866-368-7325 (PEAK)
Provider Network: 1-888-256-6556
Prior authorization/Pre-certification: 1-866-275-7646
www.healthinfontmt.com

Medical plans customer service and claims processing questions

.....
PHARMACARE
1-888-347-5329
www.pharmacare.com

Prescription drug refills, customer service, prior authorizations, and quantity overrides

.....
RELIANT BEHAVIORAL HEALTH (RBH)
1-866-750-0512
www.ReliantBH.com

EAP Services, counseling appointments & referrals, legal & financial resources, maternity services

.....
ASI
1-800-659-3035
FAX: 1-573-874-0425
www.asiflex.com

Flexible Spending Accounts claims, eligible expenses, account status, and IRS rules

.....
EYEMED VISION CARE
1-866-723-0513
www.enrollwiththeyemed.com/access (prior to enrollment)
www.eyemedvisioncare.com (after enrollment)

Eye exam, related services, and benefits

.....
UNUM LIFE INSURANCE COMPANY
1-800-227-4165
www.unum.com/enroll/stateofmontana

Long-term care claims and information